POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Ull*		07.12.*J*
O.I.P.E. CLASSIFIER	*W*		7-19-01
FORMALITY REVIEW	*CV*	503	08-23-*J*
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date								Claim		Date								Claim		Date							
Final	Original									Final	Original									Final	Original								
	1										51										101								
	2										52										102								
	3										53										103								
	4										54										104								
	5										55										105								
	6										56										106								
	7										57										107								
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	23										73										123								
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	25										75										125								
	26	✔	✔								76										126								
	27										77										127								
	28										78										128								
	29										79										129								
	30	✔	✔	✔							80										130								
	31	N									81										131								
	32	✔									82										132								
	33										83										133								
	34										84										134								
	35	✔	✔	✔							85										135								
	36	N									86										136								
	37	✔	✔	✔							87										137								
	38										88										138								
	39										89										139								
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	42										92										142								
	43										93										143								
	44	✔									94										144								
	45	✔									95										145								
	46		✔								96										146								
	47		✔								97										147								
	48										98										148								
	49										99										149								
	50										100										150								

If more than 150 claims or 10 actions
staple additional sheet here

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